

GEORGIA CRUISE CARD CENTER ACCOUNT CHANGE FORM

Account Number _____

NAME AND ADDRESS INFORMATION:

First Name _____ Middle _____ Last Name _____

Company Name (If on file) _____

Street Address _____ City _____ State _____ Zip Code _____

Daytime Telephone _____ Evening Telephone _____

VEHICLE INFORMATION: Please mark "ADD" if you would like an additional Cruise Card or "CHANGE" if you are changing information that is currently on file.

ADD _____ CHANGE _____ **GSTA** _____
(If you are changing vehicles, please list the Cruise Card Number.)

State _____ License Plate Number _____ Plate Type (Regular, Wildlife, School, Prestige, Other) please specify _____

Year _____ Color _____ Make _____ Model _____

(FOR OFFICE USE ONLY) New Cruise Card # **GSTA** _____

ADD _____ CHANGE _____ **GSTA** _____
(If you are changing vehicles, please list the Cruise Card Number.)

State _____ License Plate Number _____ Plate Type (Regular, Wildlife, School, Prestige, Other) please specify _____

Year _____ Color _____ Make _____ Model _____

(FOR OFFICE USE ONLY) New Cruise Card # **GSTA** _____

CREDIT CARD INFORMATION: (circle type) **VISA** **DISC** **MC** **AMEX** **CHECK DEBIT**

Credit Card Number _____ Expiration Date (Mo./Yr.) _____

Signature (required); If you are changing to a different credit card to replenish your account, you must sign and send this form to us so that we will have a signature on file.

LOST STOLEN DEFECTIVE DEFACED RETURNED

GSTA _____ GSTA _____

OFFICE USE ONLY:

Clerk I.D. _____ Date _____ Fax _____ Mail _____ Walk-in _____ Telephone _____

State Road and Tollway Authority, P.O. Box 2105, Atlanta, Georgia 30301-2105
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